

|  |  |  |  |   |                                     |
|--|--|--|--|---|-------------------------------------|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>  |  | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |  | FORM APPROVED<br>OMB NO. 1105-0008        |                                     |
| 1. Submit to Appropriate Federal Agency:<br><br>Alex M. Azar, Secretary<br>HHS Office of the Secretary<br>U.S. Department of Health & Human Services   |  |  | 2. Name, address of claimant, and claimant's personal representative if any.<br>(See instructions on reverse). Number, Street, City, State and Zip code.<br><br>Estate of Sarah E. DeRichie by Her Administrator,<br>Michael F. DeRichie<br>215 Dundaff Street, Carbondale, PA 18407 |   |                                     |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN  |  | 4. DATE OF BIRTH<br>03/01/1973   | 5. MARITAL STATUS<br>Married   | 6. DATE AND DAY OF ACCIDENT<br>01/20/2017 |                                     |
| 7. TIME (A.M. OR P.M.)<br>unknown  |  |  |  |   |                                     |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).<br><br>The decedent, Sarah E. DeRichie, had been treating at the United States Government funded Carbondale Family Health Center, through the Wayne Memorial Community Health Centers, with Dr. Richard Hacker and Mr. Kenneth Bannon, PA-C, as well as other presently unidentified physicians and/or physicians assistants. In response to ocular complaints, including diplopia, the Claimant/decedent underwent an MRI of the brain on December 11, 2014 and a subsequent MRI of the brain on |  |  |  |   |                                     |
| 9. PROPERTY DAMAGE   |  |  |  |   |                                     |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).<br><br>Not applicable.  |  |  |  |   |                                     |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side).   |  |  |  |   |                                     |
| 10. PERSONAL INJURY/WRONGFUL DEATH   |  |  |  |   |                                     |
| STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.<br><br>Claimant/decedent, Sarah E. DeRichie, by the Estate of Sarah E. DeRichie, Administrator, Michael F. DeRichie, suffered a premature and wrongful death as a result of the misdiagnosis of her medical condition as Multiple Sclerosis (MS) as opposed to an astrocytoma/brain tumor. From 2014 through her correct diagnosis in January of 2017, over three (3) years, she suffered worsening symptomatology from her undiagnosed and untreated astrocytoma/brian tumor which adversely effected her brain   |  |  |  |   |                                     |
| 11. WITNESSES  |  |  |  |   |                                     |
| NAME   |  | ADDRESS (Number, Street, City, State, and Zip Code)  |  |   |                                     |
| Michael F. DeRichie, Spouse  |  | 215 Dundaff Street, Carbondale, PA 18407   |  |   |                                     |
| Christopher DeRichie, Son  |  | 215 Dundaff Street, Carbondale, PA 18407   |  |   |                                     |
| Michael C. DeRichie, Son   |  | 215 Dundaff Street, Carbondale, PA 18407   |  |   |                                     |
| 12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)  |  |  |  |   |                                     |
| 12a. PROPERTY DAMAGE<br>Not applicable.  |  | 12b. PERSONAL INJURY<br>\$2,678,407.00   |  | 12c. WRONGFUL DEATH<br>\$3,849,500.00     |                                     |
| 12d. TOTAL (Failure to specify may cause forfeiture of your rights).<br>\$6,527,907.00   |  |  |  |   |                                     |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.  |  |  |  |   |                                     |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).<br>Malcolm L. MacGregor, Esquire<br>on behalf of Michael DeRichie   |  |  | 13b. PHONE NUMBER OF PERSON SIGNING FORM<br>570-209-7062   |   | 14. DATE OF SIGNATURE<br>01/17/2019 |
| CIVIL PENALTY FOR PRESENTING<br>FRAUDULENT CLAIM   |  |  | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT<br>CLAIM OR MAKING FALSE STATEMENTS   |   |                                     |
| The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).  |  |  | Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)  |   |                                     |

## **CONTINUATION SHEET**

1. Alex M. Azar, Secretary  
HHS Office of the Secretary  
U.S. Department of Health & Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Robert P. Charrow, General Counsel  
HHS Office of the Secretary  
U.S. Department of Health & Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W., Room 713-F  
Washington, D.C. 20201

Matt Baker, Regional Director  
U.S. Department of Health & Human Services  
Region 3  
801 Market Street, Suite 8000  
Philadelphia, PA 19107

Jan Lundelius, Chief Counsel  
U.S. Department of Health & Human Services  
Region 3  
150 S. Independence Mall West  
Public Ledger Bldg., Suite 418  
Philadelphia, PA 19106-9111

George Sigounas, MS, Ph.D., Administrator  
Immediate Office of the Administrator  
U.S. Health & Human Resources Administration  
5600 Fishers Lane  
Rockville, MD 20857

James Macrae, MA, MPP, Associate Administrator  
Bureau of Primary Health Care  
U.S. Health & Human Resources Administration  
5600 Fishers Lane  
Rockville, MD 20857

Matthew G. Whitaker, Acting Attorney General  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, D.C. 20530-0001

David J. Freed, United States Attorney  
William J. Nealon Federal Building and Courthouse  
235 N. Washington Avenue  
Suite 311  
Scranton, PA 18503

2. (Wrongful Death and Survival Claimants, Estate of Sarah E. DeRichie, Sarah E. DeRichie, Michael F. DeRichie, Her Husband, Christopher DeRichie, Son, and Michael C. DeRichie, Son)

6. The date and day of the incident is estimated based on the limited medical records available presently. After being told that she suffered from Multiple Sclerosis (MS) and being treated for the same in excess of three (3) years despite the presence of an identified brain lesion on multiple MRIs, the decedent, Sarah DeRichie, was not diagnosed with an astrocytoma/brain tumor until the same was confirmed on pathology by Dr. Kazmi on January 20, 2017, following an emergency hospitalization and brain biopsy. Neither the decedent nor her surviving husband, Michael DeRichie, were advised that she was a victim of malpractice or had been misdiagnosed and therefore, did not know or should not have known of the misdiagnosis until well after her May 1, 2017 date of death. This response will be supplemented upon receipt of the decedent's complete medical records.

8. February 3, 2015 which revealed a large pontine lesion in the brain with differential diagnoses, including brain tumor, astrocytoma or glioma. However, Dr. Richard Hacker and Mr. Kenneth Bannon, PA-C, and other unidentified agents of the Carbondale Family Health Center, acting in the course and scope of their duties as agents and employees of the United States Government and the Carbondale Family Health Center, negligently misdiagnosed the Claimant/decedent, Sarah E. DeRichie, as suffering from Multiple Sclerosis (MS), rather than working up her differential diagnosis and correctly diagnosing her with an astrocytoma/brain tumor in a timely fashion. As a result of their negligence, combined with the negligence of the non-U.S. Government employee agent physicians and healthcare providers identified in the State Court Writ of Summons attached hereto, resulted in a misdiagnosis of the Claimant/decedent, Sarah E. DeRichie's, medical condition over a three (3) year period, thereby depriving her of an opportunity to have her astrocytoma/brain tumor investigated, diagnosed, resected

and treated in a timely fashion, causing her untimely death at the age of forty four (44) years, leaving behind a husband and two minor children. Her astrocytoma/brain tumor was belatedly identified in an emergent presentation to the Geisinger Wyoming Valley Emergency Room following a brain biopsy and subsequent pathological diagnosis of an astrocytoma, Grade III, on or about January 20, 2017. As the healthcare providers did not share or confirm with the DeRichie family the misdiagnosis, they did not know, nor should they have known at the time of her diagnosis, that she was a victim of medical malpractice.

10. functions, including her vision, balance, personality, mental well-being resulting in depression and anxiety, neurological dysfunction culminating in an inability to work, care for herself, her husband or her family. The Claimant/decedent, Sarah E. DeRichie, also endured belated radiation and chemotherapy treatments which were not effective to cure her cancer, reduce the effects of her previously untreated astrocytoma/brain tumor or ultimately, extend her life. This response will be supplemented as counsel are only in possession of limited medical records presently.

Claimant, the Estate of Sarah E. DeRichie, by Michael DeRichie, Administrator, seeks wrongful death, survival and personal injury damages under Pennsylvania and Federal Law for the Claimant/decedent, Sarah E. DeRichie, Michael F. DeRichie, her husband, and for her two (2) children, Christopher DeRichie and Michael C. DeRichie, for the wrongful death of Sarah E. DeRichie which was caused, in part, by the employees and agents of the U.S. Government as set forth in ¶8 above. The Claimant, Estate of Sarah E. DeRichie, deceased, by Michael F. DeRichie, Administrator, seeks survival action damages under Federal and Pennsylvania Law for the same individuals, referenced in a separate claim form as required by statute.

11. Designee, Carbondale Family Health Center, 141 Salem Avenue, Carbondale, PA 18407

Designee, Wayne Memorial Community Health Centers d/b/a Carbondale Family Health Center, 141 Salem Avenue, Carbondale, PA 18407 and/or Park & West Streets, Honesdale, PA 18431

Designee, Wayne Memorial Health System, Inc., Park & West Streets, Honesdale, PA 18431

Kenneth J. Bannon, PA-C, 141 Salem Avenue, Carbondale, PA 18407

Richard K. Hacker, M.D., 141 Salem Avenue, Carbondale, PA 18407

Designee, Geisinger Clinic d/b/a Geisinger Viewmont Imaging, 435 Scranton-Carbondale Highway, Scranton, PA 18508 and 100 North Academy Avenue, Danville, PA 17822

Mark M. Skevofilax, D.O., 435 Scranton Carbondale Highway, Scranton, PA 18508

Gerald N. Larar, M.D., 435 Scranton Carbondale Highway, Scranton, PA 18508

Geisinger Clinic d/b/a Geisinger Wyoming Valley Medical Center, 1000 East Mountain Drive, Wilkes Barre, PA 18711 and 100 North Academy Avenue, Danville, PA 17822

Darren L. Jacobs, D.O., 1000 East Mountain Drive, Wilkes Barre, PA 18711

Mark A. Lacey, PA-C, 1000 East Mountain Drive, Wilkes Barre, PA 18711

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Gloria A. Pombo, PA-C, 1000 East Mountain Drive, Wilkes Barre, PA 18711

Geisinger Health System Foundation, 100 North Academy Avenue, Danville, PA 17822

This list of witnesses will be supplemented as the undersigned counsel is in the process of receiving additional medical records from which additional witnesses will be identified.

12b. Survival Action Damages. The Plaintiffs are entitled to be compensated for the decedent's gross income and fringe benefits which would have been earned between the approximate date of her injury on December 11, 2014 and the date of her death on May 1, 2017 or approximately \$159,000.00 based upon her last reported yearly earnings of \$41,000.00 per year not including fringe benefits which will be calculated by expert report.

The Plaintiffs are entitled to be compensated for the decedent's gross income and value of fringe benefits she would have earned between the date of her death on May 1, 2017 until the end of her natural life expectancy some thirty nine (39) years later at the age of eighty three (83) years, or approximately \$1,019,407.00 which includes a 3.2% discount rate, but must be adjusted for deductions for basic living expenditures and the value of fringe benefits per expert report.



The Plaintiffs are entitled to be compensated for all mental and physical pain, suffering, inconvenience, and loss of life's pleasures and disfigurement which the decedent, Sarah E. DeRichie, suffered from the date of her injury until the date of her death or approximately \$1,500,000.00.

12c. Wrongful Death Damages. The Plaintiffs are entitled to be compensated for all hospital, medical, funeral, burial and estate administration expenses. This figure is approximately \$300,000.00, which may be subject to increase upon presentation of medical billings, liens and estate administration expenses.

Plaintiffs are entitled to be compensated for the amount of money the decedent would have spent to support her spouse and children from the date of her death on May 1, 2017 until the end of her life expectancy of thirty nine (39) years at age eighty three (83), or approximately \$799,500.00 representing 75% of her last annual earnings to a modest work life expectancy of seventy (70) years old and presently excluding an additional thirteen (13) years of deductions from her social security until expert analysis is completed. Plaintiffs reserve the right to supplement these figures upon receipt of additional wage loss documentation and an expert report.

Plaintiffs are entitled to be compensated an amount of money that fairly and adequately compensates the decedent's spouse, Michael DeRichie, for losing Sarah DeRichie's companionship, cooperation, affection, assistance and familial relations had the injury and wrongful death not occurred or approximately \$750,000.00. This figure may be supplemented following the testimony of Michael DeRichie.

Plaintiff children, Christopher DeRichie and Michael C. DeRichie, minors, aged twelve (12) and eight (8), are entitled to be compensated the amount of money for losing their mother's parental guidance, teaching, training, advice, education, care, emotional support, and moral upbringing had the injury and wrongful death not occurred. This loss is estimated at \$1,000,000.00 each or \$2,000,000.00 total. This response may be supplemented upon the testimony of the minor children.

12d. The total damage figure of approximately \$6,527,907.00 represents the presently known total amount of the claim under the wrongful death and survival statutes and their categories of damages. Plaintiffs reserve the right to supplement this damage evidence upon receipt of additional documentary proof of damage, including exhibits, evidence, testimony, and expert reports. (See Wrongful Death and Survival Action Damages, Pennsylvania Suggested Standard (Civ) Jury Instructions 7.220 (Civ) attached hereto.)

13a. See Death Certificate of Sarah DeRichie; Petition Granting of Letters to Administrator, Michael F. DeRichie, and related documentation; Medical Malpractice Contingency Fee Agreement executed on behalf of Michael DeRichie, Administrator of the Estate of Sarah DeRichie and Malcolm L. MacGregor, Esquire, of the law firm of McDonald & MacGregor, LLC.

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| 1. Submit to Appropriate Federal Agency:<br><br>Alex M. Azar, Secretary<br>HHS Office of the Secretary<br>U.S. Department of Health & Human Services   |  |  | 2. Name, address of claimant, and claimant's personal representative if any.<br>(See instructions on reverse). Number, Street, City, State and Zip code.<br><br>Estate of Sarah E. DeRichie by Her Administrator,<br>Michael F. DeRichie, Individually and In His Own Right, |   |                                     |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN  |  | 4. DATE OF BIRTH<br>03/01/1973   | 5. MARITAL STATUS<br>Married   | 6. DATE AND DAY OF ACCIDENT<br>01/20/2017 |                                     |
| 7. TIME (A.M. OR P.M.)<br>unknown  |  |  |  |   |                                     |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).<br><br>The decedent, Sarah E. DeRichie, had been treating at the United States Government funded Carbondale Family Health Center, through the Wayne Memorial Community Health Centers, with Dr. Richard Hacker and Mr. Kenneth Bannon, PA-C, as well as other presently unidentified physicians and/or physicians assistants. In response to ocular complaints, including diplopia, the Claimant/decedent underwent an MRI of the brain on December 11, 2014 and a subsequent MRI of the brain on |  |  |  |   |                                     |
| 9. <b>PROPERTY DAMAGE</b>  |  |  |  |   |                                     |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).<br><br>Not applicable.  |  |  |  |   |                                     |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.<br>(See instructions on reverse side).   |  |  |  |   |                                     |
| 10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>  |  |  |  |   |                                     |
| STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.<br><br>Claimant/decedent, Sarah E. DeRichie, by the Estate of Sarah E. DeRichie, Administrator, Michael F. DeRichie, suffered a premature and wrongful death as a result of the misdiagnosis of her medical condition as Multiple Sclerosis (MS) as opposed to an astrocytoma/brain tumor. From 2014 through her correct diagnosis in January of 2017, over three (3) years, she suffered worsening symptomatology from her undiagnosed and untreated astrocytoma/brian tumor which adversely effected her brain   |  |  |  |   |                                     |
| 11. <b>WITNESSES</b>   |  |  |  |   |                                     |
| NAME   |  | ADDRESS (Number, Street, City, State, and Zip Code)  |  |   |                                     |
| Michael F. DeRichie, Spouse  |  | 215 Dundaff Street, Carbondale, PA 18407   |  |   |                                     |
| Christopher DeRichie, Son  |  | 215 Dundaff Street Carbondale, PA 18407  |  |   |                                     |
| Michael C. DeRichie, Son   |  | 215 Dundaff Street, Carbondale, PA 18407   |  |   |                                     |
| 12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)   |  |  |  |   |                                     |
| 12a. PROPERTY DAMAGE<br>Not applicable.  |  | 12b. PERSONAL INJURY<br>\$2,678,407.00   |  | 12c. WRONGFUL DEATH<br>\$3,849,500.00     |                                     |
| 12d. TOTAL (Failure to specify may cause forfeiture of your rights).<br>\$6,527,907.00   |  |  |  |   |                                     |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.  |  |  |  |   |                                     |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)<br>Malcolm L. MacGregor, Esquire<br>on behalf of Michael DeRichie  |  |  | 13b. PHONE NUMBER OF PERSON SIGNING FORM<br>570-209-7062   |   | 14. DATE OF SIGNATURE<br>01/17/2019 |
| <b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b><br><br>The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).  |  |  | <b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b><br><br>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)  |   |                                     |



## **CONTINUATION SHEET**

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2. (Wrongful Death and Survival Claimants, Estate of Sarah E. DeRichie, Sarah E. DeRichie, Michael F. DeRichie, Her Husband, Christopher DeRichie, Son, and Michael C. DeRichie, Son)

6. The date and day of the incident is estimated based on the limited medical records available presently. After being told that she suffered from Multiple Sclerosis (MS) and being treated for the same in excess of three (3) years despite the presence of an identified brain lesion on multiple MRIs, the decedent, Sarah DeRichie, was not diagnosed with an astrocytoma/brain tumor until the same was confirmed on pathology by Dr. Kazmi on January 20, 2017, following an emergency hospitalization and brain biopsy. Neither the decedent nor her surviving husband, Michael DeRichie, were advised that she was a victim of malpractice or had been misdiagnosed and therefore, did not know or should not have known of the misdiagnosis until well after her May 1, 2017 date of death. This response will be supplemented upon receipt of the decedent's complete medical records.

8. February 3, 2015 which revealed a large pontine lesion in the brain with differential diagnoses, including brain tumor, astrocytoma or glioma. However, Dr. Richard Hacker and Mr. Kenneth Bannon, PA-C, and other unidentified agents of the Carbondale Family Health Center, acting in the course and scope of their duties as agents and employees of the United States Government and the Carbondale Family Health Center, negligently misdiagnosed the Claimant/decedent, Sarah E. DeRichie, as suffering from Multiple Sclerosis (MS), rather than working up her differential diagnosis and correctly diagnosing her with an astrocytoma/brain tumor in a timely fashion. As a result of their negligence, combined with the negligence of the non-U.S. Government employee agent physicians and healthcare providers identified in the State Court Writ of Summons attached hereto, resulted in a misdiagnosis of the Claimant/decedent, Sarah E. DeRichie's, medical condition over a three (3) year period, thereby depriving her of an opportunity to have her astrocytoma/brain tumor investigated, diagnosed, resected

and treated in a timely fashion, causing her untimely death at the age of forty four (44) years, leaving behind a husband and two minor children. Her astrocytoma/brain tumor was belatedly identified in an emergent presentation to the Geisinger Wyoming Valley Emergency Room following a brain biopsy and subsequent pathological diagnosis of an astrocytoma, Grade III, on or about January 20, 2017. As the healthcare providers did not share or confirm with the DeRichie family the misdiagnosis, they did not know, nor should they have known at the time of her diagnosis, that she was a victim of medical malpractice.

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Claimant, the Estate of Sarah E. DeRichie, by Michael DeRichie, Administrator, seeks wrongful death, survival and personal injury damages under Pennsylvania and Federal Law for the Claimant/decedent, Sarah E. DeRichie, Michael F. DeRichie, her husband, and for her two (2) children, Christopher DeRichie and Michael C. DeRichie, for the wrongful death of Sarah E. DeRichie which was caused, in part, by the employees and agents of the U.S. Government as set forth in ¶8 above. The Claimant, Estate of Sarah E. DeRichie, deceased, by Michael F. DeRichie, Administrator, seeks survival action damages under Federal and Pennsylvania Law for the same individuals, referenced in a separate claim form as required by statute.

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Designee, Wayne Memorial Community Health Centers d/b/a Carbondale Family Health Center, 141 Salem Avenue, Carbondale, PA 18407 and/or Park & West Streets, Honesdale, PA 18431

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Kenneth J. Bannon, PA-C, 141 Salem Avenue, Carbondale, PA 18407

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Geisinger Health System Foundation, 100 North Academy Avenue, Danville, PA 17822

This list of witnesses will be supplemented as the undersigned counsel is in the process of receiving additional medical records from which additional witnesses will be identified.

12b. Survival Action Damages. The Plaintiffs are entitled to be compensated for the decedent's gross income and fringe benefits which would have been earned between the approximate date of her injury on December 11, 2014 and the date of her death on May 1, 2017 or approximately \$159,000.00 based upon her last reported yearly earnings of \$41,000.00 per year not including fringe benefits which will be calculated by expert report.

The Plaintiffs are entitled to be compensated for the decedent's gross income and value of fringe benefits she would have earned between the date of her death on May 1, 2017 until the end of her natural life expectancy some thirty nine (39) years later at the age of eighty three (83) years, or approximately \$1,019,407.00 which includes a 3.2% discount rate, but must be adjusted for deductions for basic living expenditures and the value of fringe benefits per expert report.

The Plaintiffs are entitled to be compensated for all mental and physical pain, suffering, inconvenience, and loss of life's pleasures and disfigurement which the decedent, Sarah E. DeRichie, suffered from the date of her injury until the date of her death or approximately \$1,500,000.00.

12c. Wrongful Death Damages. The Plaintiffs are entitled to be compensated for all hospital, medical, funeral, burial and estate administration expenses. This figure is approximately \$300,000.00, which may be subject to increase upon presentation of medical billings, liens and estate administration expenses.

Plaintiffs are entitled to be compensated for the amount of money the decedent would have spent to support her spouse and children from the date of her death on May 1, 2017 until the end of her life expectancy of thirty nine (39) years at age eighty three (83), or approximately \$799,500.00 representing 75% of her last annual earnings to a modest work life expectancy of seventy (70) years old and presently excluding an additional thirteen (13) years of deductions from her social security until expert analysis is completed. Plaintiffs reserve the right to supplement these figures upon receipt of additional wage loss documentation and an expert report.

Plaintiffs are entitled to be compensated an amount of money that fairly and adequately compensates the decedent's spouse, Michael DeRichie, for losing Sarah DeRichie's companionship, cooperation, affection, assistance and familial relations had the injury and wrongful death not occurred or approximately \$750,000.00. This figure may be supplemented following the testimony of Michael DeRichie.

Plaintiff children, Christopher DeRichie and Michael C. DeRichie, minors, aged twelve (12) and eight (8), are entitled to be compensated the amount of money for losing their mother's parental guidance, teaching, training, advice, education, care, emotional support, and moral upbringing had the injury and wrongful death not occurred. This loss is estimated at \$1,000,000.00 each or \$2,000,000.00 total. This response may be supplemented upon the testimony of the minor children.

12d. The total damage figure of approximately \$6,527,907.00 represents the presently known total amount of the claim under the wrongful death and survival statutes and their categories of damages. Plaintiffs reserve the right to supplement this damage evidence upon receipt of additional documentary proof of damage, including exhibits, evidence, testimony, and expert reports. (See Wrongful Death and Survival Action Damages, Pennsylvania Suggested Standard (Civ) Jury Instructions 7.220 (Civ) attached hereto.)

13a. See Death Certificate of Sarah DeRichie; Petition Granting of Letters to Administrator, Michael F. DeRichie, and related documentation; Medical Malpractice Contingency Fee Agreement executed on behalf of Michael DeRichie, Administrator of the Estate of Sarah DeRichie and Malcolm L. MacGregor, Esquire, of the law firm of McDonald & MacGregor, LLC.